

**ARKANSAS INSURANCE DEPARTMENT
RATE FILING ABSTRACT**

Insurer Name:	PROGRESSIVE SPECIALTY INSURANCE COMPANY	Contact Person:	Andrew Rose
NAIC Number:	32786	Signature:	
Name of Advisory Organization Whose Filing You Are Referencing	N/A	Telephone No:	(804) 364-6776
Co. Affiliation to Advisory Organization: Member	Subscriber	Service Purchaser	
Reference Filing #:	N/A	Proposed Effective Date:	02/22/2006

(1) LINE OF COVERAGE By Coverage	(2) Indicated % Rate Level Change	(3) Requested % Rate Level Change	(4) Expected Loss Ratio	(5) Loss Cost Modification Factor	(6) Selected Loss Cost Multiplier	(7) Expense Constant (if applicable)	(8) Co. Current Loss Cost Multiplier
BI	-5.5%	-3.1%	74.1%	N/A	N/A	N/A	N/A
PD	7.2%	6.1%	74.1%				
UMBI	15.4%	-4.0%	74.1%				
UMPD	0.6%	0.6%	74.1%				
PIP	-2.2%	-3.1%	74.1%				
COMP	16.6%	14.5%	74.1%				
COLL	-2.9%	-1.9%	74.1%				
TOTAL OVERALL EFFECT	0.9%	1.2%	74.1%				

N	Apply Loss Cost Factors to Future Filings? (Y or N)
12%	Estimated Maximum Rate Increase for any Arkansas Insured (%)
-31%	Estimated Maximum Rate Decrease for any Arkansas Insured (%)

Corresponds to Question 3 on RP-2 or RF-WC

5 Year History

Rate Change History				AR Earned	Incurred	Arkansas	Countrywide
Year	Policy Count	%	Eff. Date	Premium (000)	Losses (000)	Loss Ratio	Loss Ratio
2004	736	-0.2%	04/08	1261	697	55.3%	52.1%
2003	854	0.6%	11/03	1589	1086	68.3%	55.0%
2002	1044	5.2%	4/03	2154	1360	63.1%	61.0%
2001	1775	5.0%	9/02	3206	1834	57.2%	59.6%
2000	4900	-1.5%	12/01	4788	3382	70.6%	65.7%

Selected Provisions

A. Total Production Expense	15.7%
B. General Expense	1.7%
C. Taxes, License & Fees	4.5%
D. Underwriting Profit & Contingencies	4.0%
E. Other (Explain)	0.0%
F. Total	25.9%